



**USAID**  
FROM THE AMERICAN PEOPLE



SIERRA  
LEONE



GUINEA



LIBERIA

# SIERRA LEONE: RECOVERING from EBOLA and PREPARING for the FUTURE

May 2016

## Background

In the wake of the Ebola crisis, USAID's engagement in Sierra Leone has been unprecedented. From health to agriculture to governance, the agency is at the forefront of helping Sierra Leone recover from the outbreak's widespread and devastating impacts.

Although the WHO first declared Sierra Leone free of widespread Ebola transmission in November 2015, Ebola-related fears and restrictions continue to have direct, negative impacts on the country. Sierra Leone has seen a retraction in previous development gains, severely disrupted economic and social activity, and a decline in the delivery of essential government services. The country's already fragile health care system was overwhelmed by 14,124 suspected, probable, and confirmed cases of Ebola, with 3,956 deaths. As a result, it was unable to provide even basic services.

USAID, in partnership with other donors, implementing partners, and the Government of Sierra Leone, implements a robust set of development programs to address these long-term, second-order impacts and ensure that Sierra Leone is prepared to effectively prevent, detect, and respond to future outbreaks. These programs cover five critical areas: food security; health services; health system recovery; governance and economic crisis mitigation; and innovation, technology, and partnerships.

## Numbers

**\$51 million**

USG investment in Ebola recovery programs in Sierra Leone as of February 1, 2016

**245,000**

Sierra Leoneans receiving food support

**150 tons**

Essential medicines supplied

**285**

Community health facilities supported

## Targeted Interventions

### FOOD SECURITY



Many households in Sierra Leone experienced increased food insecurity as Ebola-related quarantines, fears, and restrictions disrupted trade, increased food prices, reduced agricultural production, and diminished household purchasing power. USAID's Office of Food for Peace responded by supporting the UN World Food Program to provide emergency in-kind food assistance to Ebola-affected individuals, households, and communities. FFP continued to support recovery programs in Sierra Leone through five NGO partners, which provide cash transfers to meet immediate food needs and support market recovery, agricultural input vouchers that help farming families recover agricultural production, and cash grants to small-scale traders to help them resume trading at the local market level. In January-March 2016, these programs reached about 192,000 people. FFP also supports UNICEF to provide in-kind ready to use therapeutic food to nearly 9,000 beneficiaries to treat acute malnutrition and restart severe acute malnutrition identification, referral, and treatment programs closed during the Ebola outbreak. Through its activities, FFP has provided assistance to over 245,000 Sierra Leoneans in Port Loko, Bombali, Tonkolili, Kenema, and Kailahun districts.

### HEALTH SERVICES RESTORATION




The Ebola outbreak significantly reduced basic healthcare services in Sierra Leone, including infant delivery, maternal care, and treatment of common diseases like malaria. Moreover, fear of contracting Ebola at medical facilities prompted many people in the country to avoid seeking medical care at healthcare centers. USAID is responding by supporting restoration of primary care services in 285 health facilities in Bombali, Port Loko, Tonkolili and Western Area. In addition, USAID partner John Snow Inc. is improving access to, and availability of, high-quality reproductive, maternal, newborn, and child health services within primary health care facilities and at the community level in five districts. These activities focus on building water and sanitation services, and infection prevention and control capacities of facilities. This program includes renovating 100 health centers and providing minor medical equipment and capacity building to the staffs at an additional 185 facilities. In addition, USAID is assisting a national immunization campaign, which includes training community health workers on how to support community mobilization and distribute health messages in communities aimed at restoring public confidence in the health care system. USAID is also supporting radio programs aimed at encouraging the public to return to health facilities.

### HEALTH SYSTEMS RECOVERY




Sierra Leone's national and local healthcare systems were overwhelmed by the scope and scale of the epidemic. USAID and its partners are strengthening these systems through activities focused on supply chain management, governance, human resources, and health financing. This includes supporting the delivery of 150 tons of drugs to the Directorate of Drugs and Medical Stores and 162 tons of medical supplies to 13 District Medical Stores and 22 hospitals in the country. We also partnered with UNICEF to train 1,200 Public Health Unit staff on using mobile technology that confirms delivery of supplies, and supported the government's adoption of a pharmacy register to capture patient uptake and medicine consumption data in the country.

## GOVERNANCE & ECONOMIC CRISIS MITIGATION



During the Ebola outbreak, local governments struggled to provide basic health, education, and social services while responding to the epidemic. USAID partners are supporting efforts to expand the roles of community groups, NGOs, and civil society to manage the effects of Ebola and strengthen their linkages to government as a way to improve the quality of public services and confidence in the government. In addition, USAID is helping to design a health governance program that strengthens health policy and regulations. This effort will expand citizen and media knowledge of Ebola issues, and facilitate broader public discussion of health and Ebola survivor issues. We are also helping to strengthen women's leadership in the country by building the capacity of local councils and subnational entities to plan, manage, and deliver gender-sensitive programs and policies.

## INNOVATION, TECHNOLOGY and PARTNERSHIPS



National efforts to respond to the outbreak were hampered by communications and technology weaknesses in the health information system (HIS). In response, we are supporting the development of a national health information system strategy, which the government has identified as a priority of the Ministry of Health and Sanitation. We are also helping to create a national health facility registry, and integrate into the Ministry's action plan the two-way, mobile-phone based communications tool mHero, which connects health care workers and the Ministry. Further, USAID partners are using CommCare for patient contact tracing, Ebola treatment center decommissioning, Ebola training, IPC, and supply chain management support in the country. Our partners have employed this tool to trace more than 20,000 contacts in Sierra Leone and Guinea.

## With World Watching, Sierra Leone Shows Strengthened Capacity To Contain New Ebola Cases

It was an ordinary day for most people around the world. But in West Africa it was a day of joy and celebration. With no new reported cases of Ebola, the World Health Organization (WHO) had declared the region free of the deadly disease that had changed the very fabric of life for so many. In Sierra Leone alone, nearly 4,000 people had died during the latest outbreak of Ebola – a devastating toll for a country still struggling with the after-effects of a prolonged rebel war. But the joy and celebration was short-lived. Only hours after its declaration that West Africa was Ebola-free, the WHO announced that a young woman in Sierra Leone, 22-year-old Mariatu Jalloh, had died from the disease on January 12. The news that Ms. Jalloh had traveled to Sierra Leone's northern border area while ill fueled fears that the country would once again find itself in the cross hairs of this relentless disease.

Demonstrating a much better understanding of the disease and a strengthened capacity to contain it, the government, with the support of numerous partners, sprang into action. A rapid response team consisting of representatives from the Government of Sierra Leone, the U.S. Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), the UK Department for International Development (DFID), the United Nations Children's Fund (UNICEF), and the WHO deployed on January 15 to support district and local response efforts in areas Ms. Jalloh had visited.

Immediate precautionary measures were a top priority. With the support of UNICEF, temporary isolation units for suspected or confirmed cases of Ebola were established. The government monitored more than 150 contacts of Ms. Jalloh (many considered at high risk of contracting the disease), while the United Nations World Food Program ensured that households under observation received food and other supplies. Within days, the government also initiated a widespread vaccination campaign targeting both high- and low-risk contacts, and was sure to engage local leaders and communities early and often to build local support. In one district alone, 20 community leaders received the vaccine to lend support to the campaign and highlight its importance. Partner organizations such as Concern Worldwide and the Sierra Leone Red Cross Society also relied on community engagement in their response, using trained local coordinators in high-risk chiefdoms to disseminate effective Ebola messaging.

The result of such swift and decisive action? Only one person who came into contact with Ms. Jalloh was infected with Ebola – her aunt, Memunatu Kalokoh. Ms. Kalokoh was quickly treated and quarantined at the Sierra Leone Army Medical Unit in Freetown, and was released on February 4 after she tested negative for the virus. After a waiting period of 42 days with no new Ebola cases, the WHO declared that the country was once again Ebola transmission-free on March 17.

Dr. Anders Nordstrom, WHO country representative in Sierra Leone, asserted that the swift and successful response to the new cases by the government and its partners “illustrates the capacity now in place in Sierra Leone to manage such emergencies should Ebola resurface in the future.” He and other WHO officials warn it is likely that Ebola will resurface in the region, but Sierra Leone's most recent experience is cause for optimism. Stronger systems are in place, making it more difficult for new Ebola cases to become a widespread epidemic. Although much progress has been made, much more needs to be done to restore health services, rebuild health systems, and build capacity to address future public health threats. USAID and its partners are working with the host governments to support these goals, which include: institutionalizing infection prevention and control trainings and practices to make facilities safe; strengthening the application of health information systems, quality management, and supervision at health facilities; and working to rebuild communities' trust in the health care system. In Sierra Leone, where people are eager to leave Ebola in the past, the efforts of USAID and its partners are welcomed. Life may never be the same, but there is now a sense that the nightmare could finally be over.